

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Small PHA Plan Update
Annual Plan for Fiscal Year Beginning in: 2002

PIPESTONE HRA mn049v03

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

PHA Plan Agency Identification

PHA Name: PIPESTONE Housing and Redevelopment Authority

PHA Number: MN049

PHA Fiscal Year Beginning: (mm/yyyy) 09/2002

PHA Plan Contact Information:

Name: Blas Brual

Phone: 507-825-2558

TDD:

Email (if available): phra@rconnect.com

Public Access to Information

**Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)**

Main administrative office of the PHA

PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

Main administrative office of the PHA

PHA development management offices

Main administrative office of the local, county or State government

Public library

PHA website

Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

Main business office of the PHA

PHA development management offices

Other (list below)

PHA Programs Administered:

Public Housing and Section 8

Section 8 Only

Public Housing Only

Annual PHA Plan

Fiscal Year 2002

[24 CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

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Attachment A : Supporting Documents Available for Review

Attachment B_: Capital Fund Program Annual Statement

Attachment C_: Capital Fund Program 5 Year Action Plan

Attachment D_: Resident Membership on PHA Board or Governing Body

Attachment E_: Membership of Resident Advisory Board or Boards

Attachment __: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)

Other (List below, providing each attachment name)

Attachment __: Brief Statement of Progress in Meeting the Five-Year Plan Mission and Goals.

Attachment __: Deconcentration and Income Mixing

Attachment __: Voluntary Conversion Required Initial Assessment

Attachment __: Capital Fund Program P&E report for FY 2000 & 2001

ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

The HRA of Pipestone continues to investigate Assisted Living at the Nokomis Apartments in concert with Pipestone County Medical Center. The authority advanced the replacement of furnaces and installation of central air conditioning and roof replacement with gutters and down spouts and advanced the replacements of Scattered Sites kitchen cabinets and closet door replacement until next fiscal year.

1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

NONE

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. Yes No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 142,368

C. Yes No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5-Year Action Plan

The Capital Fund Program 5-Year Action Plan is provided as Attachment C

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment B

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. Yes No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If “No”, skip to next component ; if “yes”, complete one activity description for each development.)

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)
1a. Development name:
1b. Development (project) number:
2. Activity type: Demolition Disposition
3. Application status (select one) Approved Submitted, pending approval Planned application
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected:
6. Coverage of action (select one) Part of the development Total development
7. Relocation resources (select all that apply) Section 8 for units Public housing for units Preference for admission to other public housing or section 8 Other housing for units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

- A. Yes No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to next component; if “yes”, describe each program using the table below (copy and complete questions for each program identified.)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family’s resources

Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards

Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- A. Yes No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA’s estimated or actual (if known) PHDEP grant for the upcoming year? \$

- C. Yes No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D. Yes No: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. Yes No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are Attached at Attachment (File name) Advisory Board strongly supports the incorporation of Assisted Living at the Nokomis Apartments
3. In what manner did the PHA address those comments? (select all that apply)
 - The PHA changed portions of the PHA Plan in response to comments
 - A list of these changes is included
 - Yes No: below or
 - Yes No: at the end of the RAB Comments in Attachment ____.
 - Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment ____.
 - Other: (list below) Board comments included recommendations to add additional electrical outlets in lower level of split level units. Additional electrical outlets in two Bedroom unit . Requested replacement of present kitchen electrical fixtures

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (State of Minnesota)
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.

The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.

Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)

Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

Yes No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

C. Criteria for Substantial Deviation and Significant Amendments

2. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan:

When a decision is made by the Board of Commissioners to change the PHA's Mission statement, goals, or objectives that are indentified in the 5-year Plan. It can also be when goals, objectives are changed that effect the residents or have a significant impact to the PHA's finanancial situation.

B. Significant Amendment or Modification to the Annual Plan:

Changes in the plans or policies of the PHA that require formal approval by the Board of Commissioners.

Attachment A
Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
Office	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
Office	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
Office	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
Office	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
Office	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
Office	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
office	Any policy governing occupancy of Police Officers in Public Housing check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
Office	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
office	Public housing rent determination policies, including the method for setting public housing flat rents check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
Office	Schedule of flat rents offered at each public housing development check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
Office	Section 8 rent determination (payment standard) policies check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
Office	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance

Office	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
Office	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
Office	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
Office	Any required policies governing any Section 8 special housing types check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
Office	Public housing grievance procedures check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
Office	Section 8 informal review and hearing procedures check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
Office	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
Office	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
Office	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program (section of the Section 8 Administrative Plan)	Annual Plan: Homeownership
N/A	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency

Office	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
Office	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) check here if included in the public housing A & O Policy	Pet Policy
Office	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
N/A	Income Analysis of Public Housing Covered Developments	Required by PIH Notice 2001-26 (specify as needed)
Office	Voluntary Conversion Required Initial Assessment	Required by PIH Notice 2001-26 (specify as needed)
N/A	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: PIPESTONE HRA		Grant Type and Number Capital Fund Program: MN46P04950102 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2002	
Original Annual Statement Performance and Evaluation Report for Period Ending:		Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:) Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	20,000			
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	5,368			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	117,000			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	142,368			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				

24	Amount of line 20 Related to Energy Conservation Measures				
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Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: PIPESTONE HRA		Grant Type and Number Capital Fund Program #: MN46P04950102 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
MN049003	49-3 REMOVE & REPLACE WINDOWS	1460	A/R	18,510				
MN049 - AW	49-1&3 Architect fees	1430	Lump Sum	5,368				
MN049 - AW	49-1&3 OPERATIONS	1406	Lump Sum	20,000				
MN049003	49-3 COMPLETE FURNACE/AC	1460	A/R	310				
MN049003	49-3 REMOVE & REPLACE KITCHEN CABINETS/COUNTER TOPS	1460	20	68,180				
MN049003	49-3 REPLACE CLOSET DOORS	1460	20	30,000				
			TOTALS	142,368				

Annual Statement/Performance and Evaluation Report							
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)							
Part III: Implementation Schedule							
PHA Name: PIPESTONE HRA		Grant Type and Number Capital Fund Program #: MN46P04950102 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2002	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA-Wide	3/31/04			6/30/05			
MN049001	3/31/04			6/30/05			
MN049003	3/31/04			6/30/05			

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan		
x Original statement	Revised statement	
Development Number	Development Name (or indicate PHA wide)	
MN049001	HA Wide	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)

Replace kitchen lighting	154,000	10/01/2004
Replace kitchen cabinets	154,000	10/01/2005
Painting common area	154,000	10/01/2006
Total estimated cost over next 5 years		

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan		
x Original statement Revised statement		
Development Number	Development Name (or indicate PHA wide)	
MN049003	HA Wide	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Remove & replace kitchen cabinets/with counter tops; replace closet doors	154,000	10/01/2002
Remove & replace windows (1/3); add additional electrical outlets	154,000	10/01/2003
Installation garage openers and painting	154,000	10/01/2006
Total estimated cost over next 5 years		

Required Attachment D : Resident Member on the PHA Governing Board

1. Yes No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)
- C. Name of resident member(s) on the governing board:
- D. How was the resident board member selected: (select one)?
Elected
Appointed
- C. The term of appointment is (include the date term expires):
2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?
the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
Other (explain):
- B. Date of next term expiration of a governing board member: 11-17-2002
- E. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Mayor William Ellis

Required Attachment E: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Virginia Benton 202 2nd Ave SW Apt 11H, Pipestone (LRPH 49-1)

Jean Haugen, 202 2nd Ave SW Apt 7D, Pipestone (LRPH 49-1)

Dolly Roberts 107 7th St. N.E., Pipestone (LRPH 49-3)

Susan Townsend 203 2nd St. SW, Pipestone (Section 8)

Required Attachment ____F____: Brief Statement of Progress in Meeting the Five-Year Plan Mission and Goals.

The Authority is on schedule to meet its mission statement and goals that have been set.

Required Attachment __n/a____: Deconcentration and Income Mixing.**Component 3, (6) Deconcentration and Income Mixing**

- a. Yes No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b. Yes No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

Deconcentration Policy for Covered Developments			
Development Name:	Number of Units	Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]	Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]
MN049001	1	Affects one 2-BR unit	Monitor waiting list

Required Attachment _n/a_____: Voluntary Conversion Required Initial Assessments.

- a. How many of the PHA’s developments are subject to the Required Initial Assessments?**

two

- b. How many of the PHA’s developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)?**

none

- c. How many Assessments were conducted for the PHA’s covered developments?**

two

- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:**

Development Name

Number of Units

- e. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments:**

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: PIPESTONE HRA		Grant Type and Number Capital Fund Program: MN46P04950100 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2000
Original Annual Statement		Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 2)			
Performance and Evaluation Report for Period Ending: 3/31/02		Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Revision #2	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	33,500		33,500	33,500
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	13,200		13,200	13,200
8	1440 Site Acquisition				
9	1450 Site Improvement	37,510.81		37,510.81	34,770
10	1460 Dwelling Structures	66,470.19		66,470.19	66,470.19
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	\$150,681		150,681	147,940.19
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: PIPESTONE HRA		Grant Type and Number Capital Fund Program #: MN46P04950100 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2000			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed
				Revision #2	Revised	Funds Obligated	Funds Expended	Work
MN049003	Refrigerators Amana DRT	1460	20	11395.47		11395.47	11395.47	Done
MN049003	Ranges CRG 1420	1460	19	9216.09		9216.09	9216.09	Done
MN049003	Range CER 1110	1460	1					
MN049003	WH AO Smith 40 gallon	1460	20	4980		4980	4980	Done
MN049003	Nokomis Apt carpeting	1460	A/R	20952		20952	20952	Done
MN049003	Security Card Entry System	1460	2	4468		4468	4468	Done
MN049003	Security Camera System	1460	2	5476		5476	5476	Done
MN049001&3	Operations	1406	A/R	33500		33500	33500	Done
MN049003	SS grade & sod lawns	1450	20	37510.81		37510.81	34770	99%Done
MN049003	SS replace furnace & add Central air conditioner	1460	20	9982.63		9982.63	9982.63	From 5 year plan
MN049001&3	Architect fees	1430	A/R	13200		13200	13200	99%Done
			Totals	150681		150681	147940.19	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: PIPESTONE HRA		Grant Type and Number Capital Fund Program #: MN46P04950100 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2000	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
MN049001	09/30/02		3/31/2002	09/30/03			
MN049003	09/30/02		3/31/2002	09/30/03			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: PIPESTONE HRA		Grant Type and Number Capital Fund Program: MN46P04950101 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
Original Annual Statement Performance and Evaluation Report for Period Ending: 3/31/02			Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 1) Final Performance and Evaluation Report		
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	3,430		3,430	3,430
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	14,900		14,900	6,800
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	135,380		135,380	77,217.37
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	\$153,710		\$153,710	87,447.37
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: PIPESTONE HRA		Grant Type and Number Capital Fund Program #: MN46P04950101 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed
				Original	Revised	Funds Obligated	Funds Expended	Work
MN049003	49-3 REPLACE KITCHEN CABINETS	1460	20	68,180	-0-			2002
MNO49003	49-3 REPLACE CLOSET DOORS	1460	20	30,000	-0-			2002
MNO49003	49-3 REPLACE FURNACE & INSTALL CENTRAL AIR	1460	20	37,200	77,217.37	77,217.37	77,217.37	
MN049003	49-3 REMOVE & REPLACE SHINGLES/GUTTERS/DOWN SPOUTS	1460	20		58,162.63	58,162.63		
MNO49003	ARCHITECT FEES	1430	A/R	14,900	14,900	14,900	6,800	50%
MNO49003	ADMINISTRATIVE	1410	A/R	3,430	3,430	3,430	3,430	
			TOTALS	153,710	153,710	153,710	87,447.37	

**Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor
(CFP/CFPRHF)**

Part III: Implementation Schedule

PHA Name: PIPESTONE HRA			Grant Type and Number Capital Fund Program #: MN46P04950101 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2001	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
MN049003	3/31/03		3/31/02	06/30/04				